

PROJECT JUMPSTART

ARE YOU A NATIVE AMERICAN SMALL BUSINESS OWNER?

Let our highly trained staff help your business develop or improve your:

**MARKET
ANALYSIS**

**COMPANY
IMAGE**

**CUSTOM
WEBSITE**

Kauffman & Associates, Inc. [KAI], under contract with the Small Business Administration (SBA), is offering these services to Native American entrepreneurs in targeted areas of Indian Country. KAI will select 40 Indian owned businesses to participate in this SBA program at no charge to the business.

**EASTERN
WASHINGTON/
NORTHERN
IDAHO**

**APPLICATION
DEADLINE:
FEBRUARY 15th 2006**

OKLAHOMA

**APPLICATION
DEADLINE:
MARCH 1st 2006**

ALASKA

**APPLICATION
DEADLINE:
March 15th 2006**

NEW YORK

**APPLICATION
DEADLINE:
May 1st 2006**

For an application, visit our website www.sbajumpstart.com or contact Hector Maldonado, Kauffman & Associates, Inc., at 509-747-4994.



KAUFFMAN & ASSOCIATES, INC.

www.sbajumpstart.com



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Please complete and return this application to Kauffman & Associates, Inc. by **May 1, 2006**.



Kauffman & Associates, Inc.

Kauffman & Associates, Inc.
425 West 1st Avenue; Spokane, WA 99201
Phone: (509) 747-4994; Fax: (509) 747-5030
E-Mail: hector@kauffmaninc.com
Website: www.sbajumpstart.com



Contact Name (First, Middle, Last)		Telephone Number(s)	
Is this an Indian-owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Home:	Business:
		Fax:	Cell:
Business Name		Is your business location your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail Address:		Business Website:	
Business Street Address		City	State Zip
Business Owner Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently designated by the SBA for any of the following? (check all that apply) <input type="checkbox"/> Small, Disadvantaged Business <input type="checkbox"/> Woman-owned business <input type="checkbox"/> Veteran-owned business <input type="checkbox"/> Minority-owned business <input type="checkbox"/> SBA 8(a) <input type="checkbox"/> Hub Zone	How did you hear about Project Jumpstart? <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Magazine <input type="checkbox"/> SBA <input type="checkbox"/> Tribal Government <input type="checkbox"/> Other _____
Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Length of time in business? ____ Yrs. ____ Mos.			
Form of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____		Type of Business: <input type="checkbox"/> Agriculture <input type="checkbox"/> Tourism <input type="checkbox"/> Real Estate <input type="checkbox"/> Arts, Entertainment <input type="checkbox"/> Mining <input type="checkbox"/> Information Technology <input type="checkbox"/> Information <input type="checkbox"/> Hospitality <input type="checkbox"/> Utilities <input type="checkbox"/> Professional Services <input type="checkbox"/> Management <input type="checkbox"/> Financial Services <input type="checkbox"/> Other _____	
Is your business licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Source of licenses: <input type="checkbox"/> Tribe <input type="checkbox"/> State <input type="checkbox"/> Other _____	As of January 1, 2005 Total number of Employees: _____	Full-time employees: _____ Part-time employees: _____
How did you start your business? <input type="checkbox"/> Started from scratch <input type="checkbox"/> Bought an existing business <input type="checkbox"/> Franchise Operation <input type="checkbox"/> Other _____			
What has been the principle source of capital for your business? <input type="checkbox"/> Bank Loan <input type="checkbox"/> Tribal Loan <input type="checkbox"/> Second Mortgage <input type="checkbox"/> Self-financed <input type="checkbox"/> Family <input type="checkbox"/> Other _____		Financial Information: Gross Sales (receipts) for FY 2005 _____ Total Expenses for FY 2005 _____ Profit Margin for FY 2005 _____	
Briefly describe your business.			

Describe your customer base and the products and/or services you provide.	How many customers did you have in 2005?						
How will your company benefit from a market analysis? Why does your company need a market analysis?							
<p>Please check the areas in which you seek technical assistance.</p> <table border="0"> <tr> <td><input type="checkbox"/> Market Research and Analysis</td> <td><input type="checkbox"/> Marketing Plan Development</td> <td><input type="checkbox"/> Internet/Website Development</td> </tr> <tr> <td><input type="checkbox"/> Corporate Message</td> <td><input type="checkbox"/> Graphics/Logo Development</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p>Have you begun working on any of these areas? Which of these areas pose the biggest obstacles for the long-term success of your business?</p>		<input type="checkbox"/> Market Research and Analysis	<input type="checkbox"/> Marketing Plan Development	<input type="checkbox"/> Internet/Website Development	<input type="checkbox"/> Corporate Message	<input type="checkbox"/> Graphics/Logo Development	<input type="checkbox"/> Other _____
<input type="checkbox"/> Market Research and Analysis	<input type="checkbox"/> Marketing Plan Development	<input type="checkbox"/> Internet/Website Development					
<input type="checkbox"/> Corporate Message	<input type="checkbox"/> Graphics/Logo Development	<input type="checkbox"/> Other _____					
<p>How many hours per week are you willing and able to dedicate on business development if you are selected as a participant of Project Jumpstart?</p> <p> <input type="checkbox"/> up to 2 hours <input type="checkbox"/> 2 to 4 hours <input type="checkbox"/> 4 to 6 hours <input type="checkbox"/> 6 to 10 hours <input type="checkbox"/> 10 or more hours </p>							
<p>What don't you like about your company image? What would you like to improve about your company image? Give specific examples.</p>							
<p>If your company already has a website, how would you like to improve it? If your company does not have a website, how will your company benefit from having a website?</p>							
<p>Why do you want to take advantage of the services offered by Project Jumpstart? How will Project Jumpstart benefit your company and help ensure its long-term success?</p>							
<p>How does your business benefit economically disadvantaged Indian communities in your area? Give examples of relationships, collaboration, or other activities that show your company's involvement in its local community.</p>							
<p>If accepted to Project Jumpstart, can you commit to attending a 1-day workshop and pay for your travel, food, and lodging?</p> <p style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>							